

CLAIM VERIFICATION WORKSHEET

FAMILY DAY CARE HOMES

Verify latest Claim submitted to the State Agency:

Name of Sponsor:	Date of Claim: Month: _____ Year: _____
Provide Data Shown on Claim Submitted:	Give Data Verified According to Records:

Number of Tier I Homes	ADA	Number of Tier I Homes	ADA
Meal Type	Breakfast	Meal Type	Breakfast
	AM Snack		AM Snack
	Lunch		Lunch
	PM Snack		PM Snack
	Supper		Supper
	LN Snack		LN Snack
	TOTAL		TOTAL

Number of Tier II Homes	ADA	Number of Tier II Homes	ADA
Meal Type	Breakfast	Meal Type	Breakfast
	AM Snack		AM Snack
	Lunch		Lunch
	PM Snack		PM Snack
	Supper		Supper
	LN Snack		LN Snack
	TOTAL		TOTAL

Tier I and Tier II Mixed Rates Number of Homes Claiming Mixed Rates		Tier I and Tier II Mixed Rates Number of Homes Claiming Mixed Rates	
ADA		ADA	

Tier I Meals	Reported	Verified	Tier II Meals	Reported	Verified
Breakfast			Breakfast		
AM Snack			AM Snack		
Lunch			Lunch		
PM Snack			PM Snack		
Supper			Supper		
LN Snack			LN Snack		
TOTAL			TOTAL		

Program Income		Program Income	
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NOTE: Verify administrative costs on Federal review forms.